

STILLWATER COUNTY
ENVIRONMENTAL HEALTH
431 Quarry Rd / PO Box 1276
Columbus, Montana 59019
(406) 322-8055

Plan Review Application

Retail Food, Food Manufacturers and Food Wholesalers

Information Packet

**A PLAN REVIEW IS REQUIRED TO BE REVIEWED AND APPROVED PRIOR TO
BEGINNING REMODELING OR CONSTRUCTION OF A FOOD ESTABLISHMENT.**

Enclosed:

- **Application Guidelines**
- **Contact information for other agencies**
- **Food Establishment Plan Review Application**
- **Plan Guide for Food Service Establishments**

**If you have questions concerning temporary events, food safety, or if you need further
assistance please contact:**

Stillwater County Sanitarian
431 Quarry Rd/PO Box 1276
Columbus, MT 59019
Phone: 406-322-8055

Plan Review Requirements

Thank you for your inquiry regarding requirements for a new or remodeled food service establishment and/or food manufacturer in Stillwater County. **The plan review process must be completed prior to construction.**

Steps to complete Plan Review process:

1. Obtain the **Plan Review Application** and **Plan Guide** from Sanitarian Office.
2. There are various codes that need to be considered during the review process including building, zoning, fire and business licensing. Be sure to contact these departments prior to construction.

Agency	Phone #
Building Inspector – MT DOL	406-439-2551
Fire Marshall – MT DOJFPI	406-896-4388
City of Columbus - Zoning	406-322-4424
Absarokee Water and Sewer	406-328-6010

3. Complete plan review application with the following information:
 - ☐ A Plan Review Application signed and completed by persons familiar with the design and operation of the facility.
 - ☐ Menu
 - ☐ A floor plan of the facility showing each piece of equipment. Each piece of equipment is to be clearly labeled on the plan. Specification sheets may be provided.
 - ☐ A plumbing layout showing water to each plumbed fixture as well as how wastewater conveyed from sinks and equipment. The plan must show location of floor sinks, backflow prevention devices, and indicate which fixtures are indirectly connected to waste.
 - ☐ A schedule of interior finishes showing floor, base, wall and ceiling.
 - ☐ Ventilation and lighting plan.
 - ☐ HACCP or Special Processes information, if applicable.

4. Submit the **Plan Review Application** to County Sanitarian, at least 30 days prior to construction. To make the review process as timely as possible, ensure the following:
 - Submit application, plan, and supporting documents to County Sanitarian.
 - Do not start construction or remodeling prior to getting an approval letter.
 - Respond promptly to questions from review staff.
 - Answer questions in the **Plan Review Application** to the best of your knowledge. If a question is not applicable, write N/A.
5. For **Food Manufacturing** establishments, complete the **Manufacturing and Labeling Checklist** and submit to The Food and Consumer Safety Section with the Montana Department of Public Health and Human Services. For additional information, go to:
<http://www.dphhs.mt.gov/publichealth/FCSS/WholesaleFoodEstablishments.aspx> or contact Jeff Havens, (406) 444-5302.
6. Once approved by all departments, construction may begin.
7. Once construction is complete, a pre-opening inspection is required and should be scheduled 10 days *prior to opening* your food service to the public. At pre-opening inspection you will need to have a check ready and payable to the Montana Department of Public Health and Human Services (MDPHHS) for your Food Purveyor License. The fee for license is \$85.00 for establishments with two (2) or fewer employees and \$115.00 for three (3) or more employees working at any one given time.

To access an electronic copy of the Food Service Establishment Rule or Food Manufacturing Rule go to
<https://dphhs.mt.gov/publichealth/fcss>

Food Establishment Plan Review Application

ESTABLISHMENT INFORMATION

Name of Establishment: _____

Establishment Address: _____

City: _____ Zip Code _____ Phone (____)____ - _____

Name of Owner: _____

Mailing Address: _____

City: _____ State _____ Zip Code _____ Phone (____)____ - _____

Email Address: _____

APPLICANT INFORMATION

Name of Applicant: _____

Title of Applicant (i.e. owner, contractor, architect): _____

Mailing Address: _____

City: _____ Zip Code _____ Phone (____)____ - _____

Fax (____)____ - _____ Email: _____

For County Sanitarian Use Only:

Plan Review Fee Received	Yes	No	Check # _____
Plans Reviewed By:			
Plans Approval Date:			
Plan Review ID Number:			

HOURS OF OPERATION:

Sun_____Mon_____Tue_____Wed_____Thu_____Fri_____Sat_____

TYPE OF FOOD SERVICE:

- | | |
|--|--|
| <input type="checkbox"/> Grocery | <input type="checkbox"/> Mobile |
| <input type="checkbox"/> Full Service Restaurant | <input type="checkbox"/> Tavern or Bar |
| <input type="checkbox"/> Meat Market | <input type="checkbox"/> Catering |
| <input type="checkbox"/> Bakery | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Food Manufacturer | |

Number of Staff _____ Maximum Per Shift _____

Indicate any **specialized processes** that will take place:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Curing | <input type="checkbox"/> Sous Vide |
| <input type="checkbox"/> Acidification (Sushi rice, etc.) | <input type="checkbox"/> Cook Chill |
| <input type="checkbox"/> Reduced Oxygen Packaging (e.g.: Vacuum) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Smoking | |

Description of specialized processes:

CUSTOMERS:

Indicate if food will be catered or served to any of the following:

- | | |
|---|---|
| <input type="checkbox"/> Nursing Home | <input type="checkbox"/> Assisted Living Center |
| <input type="checkbox"/> Child Care Center | <input type="checkbox"/> School with pre-school aged children |
| <input type="checkbox"/> Health Care Facility | |

FOOD PREPARATION:

Indicate which types of food will be handled, prepared and served.

- ☐ Thin meats, poultry, fish, eggs (*hamburger, sliced meats; fillets*)
- ☐ Thick meats, whole poultry (roast beef; whole turkey, chickens, hams)
- ☐ Cold processed foods (salads, sandwiches, vegetables)
- ☐ Hot processed foods (soups, stews, rice/noodles, gravy, chowders, casseroles)
- ☐ Bakery goods (pies, custards, cream fillings & toppings)
- ☐ Other _____

FOOD SUPPLIES:

1. Are all food supplies from inspected and approved sources? ☐ Yes ☐ No
2. If serving raw fish (sushi, lox, ceviche), will parasite destruction be done on-site or by the supplier?
☐ Supplier ☐ Onsite
3. List suppliers for all food items:
4. How will dry goods be stored off the floor?

COLD STORAGE:

1. Provide the method used to calculate cold storage requirements?
2. Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods? ☐ Yes ☐ No

If yes, how will cross-contamination be prevented?

3. Does each refrigerator/freezer have a thermometer? ☐ Yes ☐ No
4. Describe your date-marking process for refrigerated, ready-to-eat, potentially hazardous food prepared and held for more than 24 hours?

THAWING FROZEN POTENTIALLY HAZARDOUS FOOD:

Please indicate by checking the appropriate boxes how frozen potentially hazardous foods (PHF's) in each category will be thawed. More than one method may apply.

Thawing Method	Meat	Seafood	Poultry	Other
Refrigeration				
Running Water Less than 70°F				
Microwave (as part of Cooking process)				
Cooked from Frozen state				
Other (describe)				

COOKING:

1. What type of temperature device will be used to measure final cooking /reheating temperatures of food?

2. Will any raw or undercooked animal products be served (e.g. rare steaks, hollandaise, or Caesar with raw eggs)? ☐ Yes ☐ No

If **yes**, how will customers be warned of their increased risk of foodborne illness by consuming these food items?

HOT/COLD HOLDING:

1. How will hot PHF's be maintained at 135 degrees F (60 degrees C) or above during hot holding for service? Indicate what foods will be held hot:
2. How will cold PHF's be maintained at 41 degrees F (5 degrees C) or below during holding for service? Indicate what foods will be held cold:

COOLING:

Please indicate by checking the appropriate boxes how PHFs will be cooled to 41 degrees F within 6 hours (140 to 70 degrees F in 2 hours and 70 to 41 degrees F in 4 hours).

Cooling Method	Meat, Poultry, & Seafood	Thin Soup/ Sauces/Gravy	Thick Soup/ Sauces/Gravy	Rice/ Pasta
Shallow Pans				
Ice bath				
Volume or Size Reduction				
Rapid Chill				

REHEATING:

1. How will reheating food to 165 degrees F for hot holding be done rapidly and within 2 hours?

PREPARATION:

1. Will a designated person-in-charge be available during all hours of operation who can demonstrate knowledge of foodborne disease prevention and the requirements of food safety regulations?

☐ Yes ☐ No

Describe training persons-in-charge will receive:

2. What will be used in place of bare hands to handle ready-to-eat foods?

☐ Utensils, i.e. tongs,
scoops

☐ Disposable gloves

☐ ☐ Food Grade Paper

☐ ☐ Other _____

3. Is there a written policy that excludes or restricts food workers who are sick or have infected cuts or lesions? ☐ Yes ☐ No

Please describe:

4. Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before-being mixed and/or assembled?

☐ Yes ☐ No

If **no**, how will ready-to-eat foods be cooled to 41 degrees F?

5. Will all produce be washed on-site prior to use? ☐ Yes ☐ No

6. Is there a designated sink for washing produce? ☐ Yes ☐ No

If **no**, describe the procedure for cleaning and sanitizing multiple use sinks between use.

FINISH SCHEDULE

Please indicate the materials (quarry tile, stainless steel, 4" plastic coved molding, etc.) that will be used in the following areas:

Area	Floor	Base	Walls	Ceiling
Kitchen				
Bar				
Food Storage				
Toilet Rooms				
Dressing Rooms				
Garbage & Refuse				
Mop Service				
Warewashing				
Other				
Other				

INSECT AND RODENT CONTROL

1. How is protection provided on all outside doors?

- ☐ Self-closing door
☐ Air Curtain

☐ Screen Door

☐ Other (Describe) _____

2. How is protection provided on windows (Screens, etc.)?

PLUMBING CONNECTIONS

Check the appropriate box indicating equipment drains:

Plumbing Fixtures	Air Gap	Air Break	Vacuum Breaker	Condensate	Other, describe
Dishwasher					
Garbage Disposal					
Ice Machine					
Mop Sink					
Prep Sinks					
Warewashing Sink					
Dipper Well					
Steam Tables					
Refrigeration Condensate Drain Line					
Hose Connection					
Beverage Dispenser w/carbonator					
Other					
Other					

WATER SUPPLY

1. Is water supply: ☐ Public ☐ Private

2. Is Sewer: ☐ Municipal ☐ Septic

If private, please attach copy of written approval and/or permit.

EMPLOYEE ACCOMMODATIONS

1. Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.):

POISONOUS OR TOXIC MATERIALS

1. Are insecticides/rodenticides stored separately from cleaning and sanitizing agents?
☐ Yes ☐ No
2. Are all toxic chemicals; for use on the premise or for retail sale (this includes personal medications), stored away from food preparation and storage areas? ☐ Yes ☐ No
3. Are all containers of toxic chemicals; including spray bottles clearly labeled?
☐ Yes ☐ No

SERVICE SINK

1. Is a mop sink present? ☐ Yes ☐ No

If **no**, please describe how mops and other cleaning equipment will be maintained.

2. If the menu dictates, is a food preparation sink present? ☐ Yes ☐ No

WAREWASHING EQUIPMENT

A. Manual Warewashing

1. Size of sink compartments (inches): Length_____ Width_____ Depth_____
2. What type of sanitizer will be used?
☐ Chlorine ☐ Quaternary Ammonium ☐ Iodine ☐ Hot Water ☐ Other (specify)

B. Mechanical Warewashing

1. Warewashing machine manufacturer and model: _____
2. Type of sanitization: ☐ Hot water (180°F) ☐ Chemical

C. General Cleaning and Sanitizing

1. Describe how cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher will be sanitized.
2. Describe location and type of air drying space (drain boards, wall-mounted or overhead shelves, stationary, portable racks, etc.).

HANDWASHING

1. Indicate the number and location of handwashing sinks:
2. Are all hand sinks supplied with soap and single service towels? ☐ Yes ☐ No

I certify that the information in this application is correct, and I understand that any deviation without prior approval from Stillwater County may nullify plan approval.

Signature: _____ **Date:** _____
(Owner or Responsible Representative)

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Plan Guide for Food Service Establishments

I. General Information

- A. Submit a scaled floor plan and equipment list.
- B. Submit the Food Establishment Plan Review application and Facility Profile Form.
- C. Include a copy of the proposed menu. For food manufacturers, submit proposed ingredients and labels for approval.
- D. A health department pre-opening inspection is required when construction is complete. A food purveyor license can also be applied for during this inspection. The fee for license is \$85 for establishments with 2 or fewer employees and \$115 for establishments with 3 or more employees working at any one given time.
- E. A plan review fee is required to be submitted along with the plan review application to Stillwater County Sanitarian.

II. Equipment Schedule and Layout

- A. Provide adequate space for food preparation, food refrigeration, and hot holding of food.
- B. Provide a food preparation sink for the frequent soaking, rinsing, cutting, or cleaning of raw ingredients or produce.
- C. All floor mounted equipment must be sealed to the floor/walls, elevated 6" above the floor, or be easily moveable.
- D. Dishwashing
 - i. A three compartment sink is required in all food service establishments.
 - ii. If a mechanical dish machine is provided, the final rinse must consist of a constant supply of 180° F rinse water, or a chemical sanitizer at an approved concentration.
- E. Drain boards must be provided on both sides of the dish machine and they must be self-draining.
- F. Sneeze guards must be provided for customer self-service operations.
- G. A mop/utility sink must be provided.
- H. Shelving must be provided for storage of food products.

III.Plumbing

- A. Sewage disposal – Indicate if the establishment will use city sewer or an approved onsite sewage system. If a septic tank and drainfield are proposed, a sewage system permit is required before installation of the system.

- B. Water system – must be an approved system.
- C. Employee restrooms are required. Public restrooms may be counted as employee restrooms if they are easily accessible to employees and located a maximum of 200 feet from the food preparation area.
- D. Hand sinks must be conveniently located in food preparation areas, utensil washing areas, and in all restrooms. Soap and disposable towels must be provided.
- E. Provide hot and cold running water under pressure by a mixing valve or combination faucet.
- F. All wastewater lines extending from sinks or equipment that come into contact with food or food contact surfaces (such as a dish machine, ice machine, and 3-compartment sink) require indirect wasting to a floor sink and/or drain.
- G. Cross-connections between potable and non-potable water supplies, chemical feed lines, or similar devices are prohibited.
- H. Equipment is not to be located under exposed sewer lines, non-potable water lines, stairwells, or other potential sources of contamination.

IV. Finish Materials

- A. Submit room finish specifications.
- B. Floor finishes in food preparation, storage, utensil washing, walk-in refrigeration, walk-in freezer, locker rooms, & toilet rooms must be constructed of smooth, durable material and be coved. Example: quarry tile
- C. Interior walls and ceilings must be light colored, smooth, nonabsorbent, and easily cleanable.
 - i. Wall example: stainless steel or FRP board
 - ii. Ceiling example: vinyl acoustical tile
- D. Wood surfaces must be sealed or painted.

V. Ventilation and Lighting

- A. Adequate lighting must be provided in all work areas (50 foot-candles)
- B. A minimum of 20 foot candles of light must be provided in restrooms, storerooms, and equipment storage areas.
- C. A minimum of 10 foot candles of light must be provided in walk-in refrigeration or freezer units and dry storage areas.
- D. Protective light shields are required on light bulbs in food preparation, service, and storage areas including walk-in coolers/freezers.
- E. All rooms must have sufficient ventilation to prevent excessive heat, steam, condensation, vapors, odors, smoke, and fumes (i.e. exhaust hood dish machines).

VI. Refuse/Garbage

- A. All garbage containers used inside the facility must be nonabsorbent, washable, insect and rodent proof, and be kept covered when not in constant use.
- B. Containers stored outside shall have tight fitting lids and shall be kept covered and clean.

VII. Insect and Rodent Control

- A. Outside doors must be self-closing and rodent proof (i.e. door sweeps are installed).
- B. All pipes and electrical conduit chases must be sealed.
- C. All ventilation systems exhaust and intakes must be protected.
- D. Areas around the building must be clear of unnecessary brush, boxes, and other items that could provide harborage.

VIII. Miscellaneous

- A. All restroom and exterior doors must be self-closing.
- B. An area must be provided for storage of employee personal items.

These guidelines do not encompass all regulations that apply to food service establishments.

Additional information may be required on an individual basis. For a complete set of regulations, please refer to the Montana Department of Public Health and Human Services.

<http://www.dphhs.mt.gov/publichealth/FCSS.aspx>

Clarifications

CLARIFICATION NO. 1. The "Under-the-Sink Grease Trap/Interceptor" illustration on page 2 of the booklet *Rules and Guidelines for Montana Food Service Grease Traps and Interceptors* and in the folder *Food Service Grease Trap/Interceptors Records and Maintenance Guidelines* meets the Montana Plumbing Code and is installed correctly for a hand washing sink.

However ... in order to meet the Montana Department of Public Health and Human Services (DPHHS) requirements for Food Service Establishments, sinks that hold food must have an "indirect connection" between the sink drain and sewer (or septic system). As stated in the DPHHS Administrative Rules of Montana, ARM 37.110.207(3), "any sink used to wash, prepare, store, or soak food must be indirectly connected to the sewer through an air gap." Further, ARM 37.110.219(6) states, "there may not be a direct connection between the sewerage system and any drains originating from equipment in which food, portable equipment or utensils are placed."

Diagram A below illustrates a triple dishwashing sink, with the air gap (the indirect connection), followed by the grease trap/interceptor. The indirect connection may also be created by draining sink waste into a floor drain with an air gap between the sink waste line and the floor drain (diagram B).

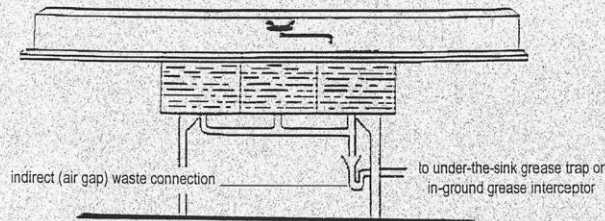


Diagram A. Three Compartment Sink With Indirect Waste Connection

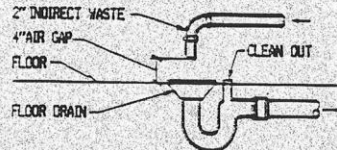


Diagram B. Indirect Waste Piping With Air Gap Between Floor Drain

CLARIFICATION NO. 2. When installing a grease trap/interceptor and/or an indirect air gap, a "p-trap" does not need to be installed on the sink waste-line.

REMEMBER: Local requirements for food service establishments may vary - ALWAYS contact your city or county health department and building code office for requirements for food service establishments BEFORE installing a grease trap or interceptor.